

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



**APPLICATION FOR RESERVATION OF NAME**

(Section 414-52, 414D-62, 425-8, 425E-109, 428-106, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

Please check current or proposed business entity type (check only one):

- ☐ Corporation (F/\$10/B20, SH/S04)      ☐ Partnership (General/Limited/LLLP) (F/\$10/B20, SH/S04)      ☐ LLC (F/\$10/L20, SH/S21)

1. Name of Applicant: \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_

3. Status of Applicant (check only one):

- ☐ a. Person intending to organize a new **domestic** business entity.
- ☐ b. **Foreign** business entity intending to carry on any business in the State of Hawaii.
- ☐ c. Person intending to organize a **foreign** business entity and intending to file necessary documents to transact business in this State.
- ☐ d. **Foreign** business entity authorized to transact business in this State and intending to change its name.
- ☐ e. Existing **domestic** business entity intending to change its name.

4. Name to be reserved: \_\_\_\_\_  
(See instruction No. 4 on reverse side)

5. For **Corporations**, name is reserved for (check one): ☐ Profit ☐ Nonprofit

6. For **Partnerships**, name is reserved for (check one): ☐ General ☐ Limited Partnership ☐ LLLP

\_\_\_\_\_  
(Print Name)

By \_\_\_\_\_  
(Signature)

(SEE INSTRUCTIONS ON REVERSE SIDE)

\_\_\_\_\_  
(Department Use Only)

\_\_\_\_\_  
(Date)

Reservation of business entity name, as requested, hereby approved for a period of 120 days to expire at 12:00 midnight  
on \_\_\_\_\_.

DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS

By \_\_\_\_\_

**Instructions:** Application must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original application and together with the appropriate fee(s). Only one name may be reserved with each application.

- Line 1. Name of the applicant must be stated, even though the application may be signed by the applicant's agent.
- Line 2. Address of applicant may be either a street address or a P. O. Box address. You must state the complete address (including number, street, city, state, and zip code).
- Line 3. If the Status of Applicant is 3d or 3e, the Applicant's Name on Line 1 must be the current name of the business entity *before* it changes its name.
- Line 4. Name to be reserved must be clearly stated, with desired punctuation marks.

For **domestic profit corporations**, the reserved name must contain the word:  
*Corporation, Incorporated, or Limited*, or the abbreviation of one of the words, *Corp., Inc., or Ltd.*

For **domestic limited liability company**, the reserved name must contain the phrase:  
*Limited Liability Company* or the abbreviation *L.L.C., or LLC*. Limited may be abbreviated as *Ltd.*, and Company may be abbreviated as *Co.*

For **domestic limited partnership**, the reserved name must contain the phrase:  
*Limited Partnership* or the abbreviation *LP* or *L.P.*

For **domestic limited liability limited partnership**, the reserved name must contain the phrase:  
*Limited Liability Limited Partnership* or the abbreviation *LLLP* or *L.L.L.P.*

**Filing Fees:** *Filing fee (\$10.00) is not refundable.* Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check (\$15 fee plus interest charge)

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.**